

1.0 Department of Health - Health Systems Improvement**Summary**

The mission of the Division of Health Systems Improvement is to facilitate, encourage, and coordinate continuous improvement in the Utah health care system. The mission is fulfilled through examination, analysis, and actions to improve areas of concern in terms of service availability, accessibility, acceptability, continuity, quality, and cost.

The Division includes the Director's office and four bureaus. These bureaus include the Bureau of Emergency Medical Services, Licensure, Certification and Resident Assessment, and Primary Care and Rural Health.

Financial Summary

	FY 2000
<u>Plan of Financing</u>	<u>LFA</u>
General Fund	\$4,343,400
Federal Funds	3,089,600
Dedicated Credits	41,400
GF Rest. - Mineral Lease Account	600,000
Dedicated Credits - EMS	2,110,000
Revenue Transfer	883,800
Beginning Non-Lapsing	1,784,900
Closing Non-Lapsing	(1,619,000)
Total	<u><u>\$11,234,100</u></u>
<u>Programs</u>	
Director's Office	\$527,800
Emergency Medical Services	3,304,500
Health Facility Licensure	2,587,700
Program Certification and Resident Assessment	3,206,500
Primary Care and Rural Health Systems	1,607,600
Total	<u><u>\$11,234,100</u></u>

2.0 Budget Highlights: Department of Health - Health Systems Improvement

2.1 Primary Care and Rural Health Systems - Primary Care Grants Program Funding - UNFUNDED -

The Legislature has approved one-time Mineral Lease funding to provide primary health care to medically underserved populations since FY 1997. Legislative intent language requests that the funding for the Primary Care Grant Program be ongoing funding in FY 2000. The Analyst recommends this funding switch as an unfunded budget increase.

2.1 Funding

	FY 2000
<u>Plan of Financing</u>	<u>LFA</u>
General Fund	\$500,000
GF Rest. - Mineral Lease Account	(500,000)
Total	<u>\$0</u>
FTE	

3.1 Health Systems Improvement - Director's Office

Recommendation The Analyst recommends a budget of \$527,800 for the Director's Office for FY 2000. The Federal funds come from Nursing Education grants and Federal indirect funds. These funds, together with a portion of the General Funds, are often committed for future years and are carried as non-lapsing as established in 26-9d-9.

Of the amount of non-lapsing funds carried forward from FY 1999 to FY 2000 (\$249,800), approximately 195,000 is for grant funds obligated through FY 2001 and the balance of \$55,000 is for obligated scholarship funds through FY 2002.

3.1 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$421,500	\$432,000	\$432,000	\$0
Federal Funds	69,012	80,000	80,000	0
Beginning Non-Lapsing	292,200	265,600	249,800	(15,800)
Closing Non-Lapsing	(265,595)	(249,800)	(234,000)	15,800
Lapsing	35,480	0	0	0
Total	\$552,597	\$527,800	\$527,800	\$0
% Change		(4.49%)	0.00%	
FTE	4.6	5.0	5.0	0.0

Summary The administrative function of the Division of Health Systems Improvement includes planning and budget analysis, coordination of intradivisional activities, and division liaison with other public and private agencies and organizations.

The Director's Office is taking the lead in Quality Management efforts being conducted within the Division.

The Community Health Nursing (CHN) program is another function of the Director's Office. The CHN Coordinator is the focal point for nursing issues in the Department and in local health departments. The Coordinator also provides consultation and technical assistance to local health departments, facilitates training and continuing education programs for public nurses, and participates in public health and nursing resources planning and policy development activities.

**Nurse Education
Financial
Assistance
Program**

The CHN program administers the Nurse Education Financial Assistance Act, as provided by the Legislature in 1992. The Nurse Education Financial Assistance Program (NEFAP) provides scholarships and loan repayment grants for nurses in exchange for their agreement to work in needed nursing specialty areas or nursing shortage areas. Funding for the program is shown below, and is included in the Director's Office total funding recommendation. However, the funds for the Nurse Education Financial Assistance Program are appropriated as a separate line item, as provided in 26-9d-9. Non-lapsing funds in the Director's Office are used exclusively for NEFAP.

	FY 1998	FY 1999	FY 2000	Difference
<u>Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$200,000	\$200,000	\$200,000	\$0
Total	\$200,000	\$200,000	\$200,000	\$0

During FY 1998, 16 loan repayment grant recipients and two scholarship recipients signed contracts for a total of 41 years of obligated service. There are currently 26 recipients of loan repayment grant awards who are fulfilling their service obligations and 23 who have completed their service obligations. Previous recipients of scholarship awards include 18 individuals who are currently enrolled in course work, 16 who are fulfilling their service obligations, and seven recipients who have completed their service obligations.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of the Director's Office:

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Annual number of licensed nurses provided scholarships or loan repayment grants in exchange for their agreement to practice in designated shortage areas	0	23	10

3.2 Health Systems Improvement - Emergency Medical Services

Recommendation The Analyst recommends a budget of \$3,304,500. Federal Funds are projected to decrease by approximately \$50,000 due to the termination of some one-time funds. Of the total recommendation, more than half is from dedicated credits which are generated from a 25 percent surcharge levied on all criminal fines and forfeitures in the State. Emergency Medical Services (EMS) receives 14 percent of the total surcharge collections, with the majority of those funds used for contract grants and per capita grants for cities and counties in the State, in accordance with UCA 63-63a-3. These funds are received by EMS as non-lapsing dedicated credits (see 26-8-2.5(1)(a)). In the past, the appropriated level of these dedicated credits has limited the amount available, even though the collections exceeded the appropriation. By approving the increased spending limit, the bureau will be allowed to expend funds as they come in, but will be limited to the lesser of total collections or the appropriation.

The Revenue Transfers are from Comprehensive Emergency Management (\$90,000) and the Utah Highway Safety Program Office (\$27,000). Both of these Revenue Transfers are received by the Department of Public Safety as Federal Funds.

The Analyst's recommendation includes beginning FY 2000 with a non-lapsing balance of \$694,300 and ending with a non-lapsing balance of \$720,400. Each year there are funds that are non-lapsing from the EMS Grants program. Since these funds are obligated for more than one year, the Legislature has authorized their non-lapsing status in statute.

3.2 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$971,300	\$999,600	\$1,004,900	\$5,300
Federal Funds	321,404	147,500	98,400	(49,100)
Dedicated Credits - EMS	1,623,763	2,110,000	2,110,000	0
Revenue Transfer	101,219	130,000	117,000	(13,000)
Beginning Non-Lapsing	832,502	650,500	694,300	43,800
Closing Non-Lapsing	(650,453)	(694,300)	(720,400)	(26,100)
Lapsing	22,442	0	0	0
Total	\$3,222,177	\$3,343,300	\$3,304,500	(\$38,800)
% Change		3.76%	(1.16%)	
FTE	23.7	25.7	25.7	0.0

Summary

The Bureau of Emergency Medical Services is a leadership team functioning as a resource and providing assurance of a quality emergency medical system in the State. It is the mission of the Bureau of Emergency Medical Services to promote a statewide system of emergency and trauma care to reduce morbidity and mortality, through prevention, awareness, and quality intervention.

The Bureau implements this mission by:

1. Listening to its constituents and helping them meet their needs.
2. Providing information, technical assistance and consultation to providers of emergency medical services to enhance the provision of quality emergency care.
3. Assuring compliance by emergency medical providers to rules and regulations that promote quality emergency care.
4. Promoting the highest standards possible for the statewide provision of emergency medical services, taking into consideration available resources, utilizing available resources and investigating alternative funding sources.
5. Establishing an infrastructure to provide administrative support that will continually seek to improve, streamline, and find the most cost-effective way to meet the needs throughout the State.

6. Recognizing Bureau personnel as valuable team members and empowering them to make decisions to facilitate their performance, provide good customer service, and to seek additional training for the attainment of Bureau goals.
7. Encouraging EMS involvement and coordination with existing and new injury prevention and health promotional activities.
8. Promoting and supporting programs and activities that address the physical and mental health and safety of EMS personnel.

EMS Surcharge

The portion of the surcharge that is allocated to EMS has restrictions on its usage established in the Utah Code. Of the total, the bureau may allocate a small amount for its administration (three percent), then allocates 15 percent of the remaining balance to emergency medical training programs developed for high school students. The balance is then divided between (a) block grants for emergency medical services at the county level, determined by population, and (b) competitive grants distributed to applicants based on the rules established by the Emergency Medical Services Committee.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Percent of Utahns with access to emergency medical intervention within 40 minutes	92.00%	98.00%	100.00%
Native Americans living on a reservation who have access to emergency medical services within 60 minutes	30.00%	30.00%	45.00%
Percent of intermediate EMTs and paramedics receiving a minimum of four hours of pediatric prehospita! education every two years	10.00%	45.00%	65
Percent of basic EMTs receiving a minimum of four hours of pediatric prehospita! education every two years	10.00%	50.00%	65%
Number of EMS personnel receiving critical incident stress debriefings or training		800	1,620
Number of ambulance agencies licensed		137	84
Number of ambulance vehicles inspected and average number of deficiencies		250/7.5	288/0

**Utah Tomorrow
(con't)**

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Number of paramedic rescue services licensed		8	14
Number of paramedic rescue vehicles inspected and average number of deficiencies		30/7.5	49/0
Number of licensed air ambulance services		7	6
Number of licensed air ambulance vehicles inspected and average number of deficiencies			17/0
Number of licensed EMS providers that upgrade their level of service		40	7
Number of unlicensed first responder agencies (designated, not licensed)			49
Number of unlicensed first responder agencies inspected and average number of deficiencies			82/0
Percent of prehospital providers submitting automated prehospital incident data on a quarterly basis			59.00%
Percent of hospital emergency departments submitting automated emergency department log data on a quarterly basis			100.00%
Number of hospitals specifically designated as trauma facilities		4	5
Number of EMS agencies assisted with EMS grant funds	108	164	175
Number of federal, state, county, and local agencies with Hazardous Materials Institute (HMI) First Responder Awareness Level trained responders in Utah	10	10	10
Number of state, county, and local agencies with HMI First Responder Operations Level trained responders in Utah	10	10	10
Number of state, county, and local agencies with HMI Technician Level trained responders in Utah	5	5	5
Number of state, county, and local agencies with Dedicated Technician Level Hazardous Materials (HAZMAT) teams	2	2	2
Number of state, county, and local agencies with annual HAZMAT training programs	3	3	3
Number of Emergency Service Providers trained			

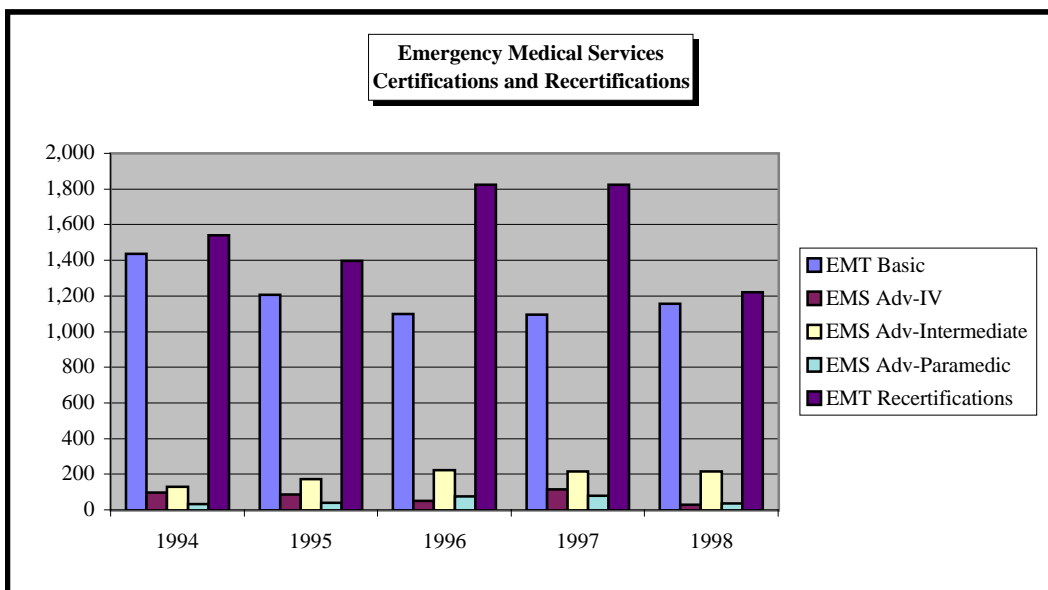
through HMI in HAZMAT Response	8,100	9,557	15,600
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Utah Tomorrow (con't)

<u>Performance Measure</u>	<u>1990</u>	<u>1995</u>	<u>DOH Target</u> <u>2000</u>
Number of groups participating annually in EMS/Do Not Resuscitate (DNR) training		20	30
Number of physicians distributing EMS/DNR directives and bracelets		20	100
Ratio of schools with staff trained in first aid and CPR		23.0%	100.0%
Number of high school students who, through the use of EMS grants, receive training on "What to do until the ambulance arrives"	25,685	30,300	32,000
Percent of local EMS agencies implementing injury prevention projects		25.0%	35.0%

Performance Measures

Certification of Emergency Medical Technicians continues to grow steadily. These EMTs must be certified to meet a statewide standard for emergency service provision.



3.3 Health Systems Improvement - Health Facilities Licensure

Recommendation The Analyst recommends a budget of \$2,587,700 and maintaining the current staffing level of 49.8 FTE.

The Bureau is authorized to collect fees for conducting plan reviews and retain those as non-lapsing dedicated credits. The Analyst expects those collections to be approximately \$41,100 in FY 2000.

The \$766,800 listed as Revenue Transfer is funding for child care licensing monitoring and background checks which is transferred to this program from the Department of Workforce Services.

3.3 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$1,497,800	\$1,717,900	\$1,726,900	\$9,000
Dedicated Credits	132,426	40,900	41,100	200
Revenue Transfer	740,000	765,300	766,800	1,500
Beginning Non-Lapsing	0	132,400	79,800	(52,600)
Closing Non-Lapsing	(132,426)	(79,800)	(26,900)	52,900
Lapsing	(739)	0	0	0
Total	\$2,237,061	\$2,576,700	\$2,587,700	\$11,000
% Change		15.18%	0.43%	
FTE	41.3	49.8	49.8	0.0

Summary

The Bureau of Health Facility Licensure is responsible for ensuring that health facilities and agencies which are involved in 13 major areas of health care provision adhere to the legislatively mandated functions through licensure and regulation. The categories with the largest numbers of facilities include Assisted Living Facilities - Type I (144), Home Health Agencies (112), and Nursing Care Facilities (108). Other categories with significant numbers include Hospitals (54), Mammography Facilities (44), and Assisted Living Facilities - Type II (44). The quality of health care is regulated through the enforcement of administrative

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rules, pre-license activities for new providers, approval of construction and remodeling of existing facilities, as well as suppression of illegal operations.

The Bureau conducts inspections and investigates complaints for non-Medicare/Medicaid programs, accredited programs, and licensed-only programs.

A facility may be issued a citation if it is found to be in violation of state rules. Enforcement activities and sanctions follow adjudicative proceedings. A major activity of rule writing and rule revision is completed under the direction of the Health Facility Committee which has legislative authority.

Another of the activities for which this program is responsible is reviewing building plans for new construction of health facilities. Because the construction and these reviews can span more than one fiscal year, the Legislature has approved the plan review fees as non-lapsing through intent language in the Appropriations Act.

A new area of licensing for this bureau resulted from the 1997 Legislative Session, when House Bill 113, "Child Care Licensing Amendments", passed, which transferred the licensing function of child care providers from the Department of Human Services to the Department of Health. This transfer moved 29.8 FTE and \$1,444,100. In addition, House Bill 124, "Licensing of Day Care Facilities", also passed the same year and added \$150,000 and two FTEs to license hourly care providers. The bureau has updated the state rules, with input from the Child Care Licensing Advisory Committee. The bureau has also added the central child care center licensing function and redistributed personnel to address case load equity.

In the 1998 Session, Senate Bill 64, "Background Check of Home Health Professionals", passed, which requires the Bureau to complete background checks on health care providers. The funding of \$70,000 covered one FTE. Currently, the Bureau is processing 22,000 health care and child care employees annually through the Bureau of Criminal Investigation (BCI) and child/adult abuse data bases. It is estimated that 48,800 clearances will be run on an annual basis. Currently, the Bureau disqualifies 0.05 percent of child care employees and 13 percent of health care employees for failure to clear the process.

A Residential Certificate Category for child care was established during the last Legislative session through Senate Bill 26. It is estimated that by July 1, 1999, 600 providers will be issued a certificate. The total number of licensed child care providers is as follows:

Centers - 320
Family Group - 275
Family - 1,800

The average turnover for family child care licensing is 600, meaning that each year 600 providers in this category leave child care and 600 new family care providers obtain a license. In addition, 600 previously-exempt family providers who participate in the federal food program, will be required to obtain a certificate or license, beginning July 1, 1999.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

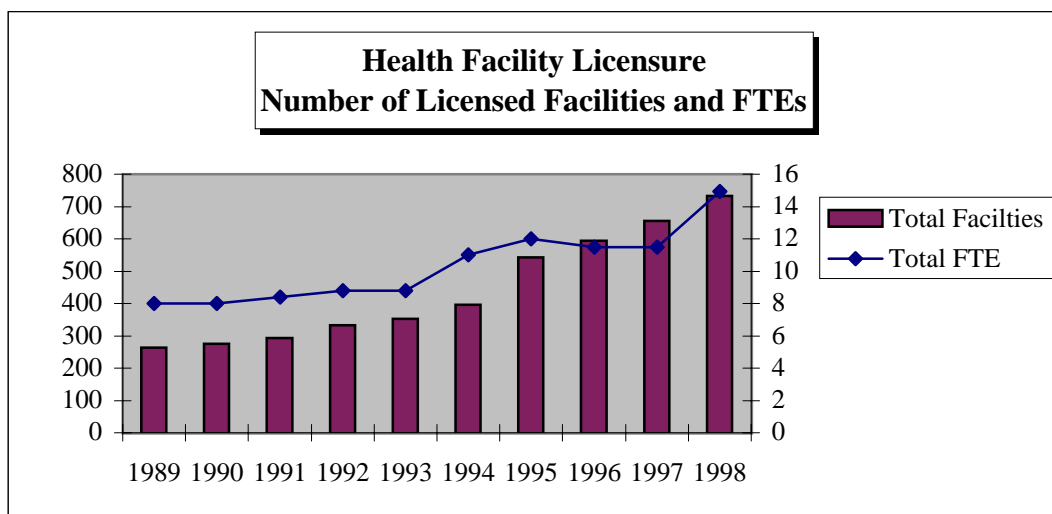
<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Number of nursing homes and average			
number of deficiencies	93/8.7	62/4.92	7.5
Number of residential care facilities and			
average number of deficiencies	69/8.9	92/3.3	7.5
Number of home health agencies and average			
number of deficiencies	53/2.7	73/2.23	1.5
Number of hospitals and average number of			
deficiencies	53/1.0	8/12.13	1.0
Percent of health care organizations accredited:			
Hospitals	67.0%	64.0%	
Mammogram Centers	48.0%	100.0%	
Home Health	2.5%	28.0%	
Nursing Care Facilities	8.0%	13.0%	
Percent of health care agencies who receive			
fewer than two substantiated complaints per year:			
Hospitals	94.0%	98.0%	

Mammogram Centers	86.0%	100.0%
Home Health	98.0%	100.0%
Residential Care Facilities	93.0%	13.0%

Utah Tomorrow (con't)

<u>Performance Measure</u>	<u>1990</u>	<u>1995</u>	<u>DOH Target</u> <u>2000</u>
Number of unlicensed providers that become licensed	9	5	14 (59%)
Number of unlicensed providers that are closed	5	4	10 (40%)
Average number of contacts required to complete regulatory licensing and permit issuance		8	5
Average waiting time to obtain required licenses and permits		60 days	
Percent of the above functions that can be accessed by mail or FAX or phone	90.0%	100.0%	100.0%
Percent of licenses, permits, and forms that are accurate, timely, and easy to understand		90.0%	90.0%
Percent of licensing and permit procedures reviewed each year		90.0%	

Historical Growth - Facilities and FTEs Growth in facilities to be licensed has averaged approximately 12 percent per year for the time period shown. Staffing has increased approximately 5 percent over the same time frame. (Note: Beginning in FY 1995, satellite facilities were also licensed, which do not show on the chart in previous years.)



3.4 Health Systems Improvement - Program Certification and Resident Assessment

Recommendation The Analyst recommends a budget of \$3,206,500. Over 80 percent of the bureau's funding comes from federal funds due to its services in determining Medicare and Medicaid compliance.

3.4 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$536,500	\$557,300	\$557,600	\$300
Federal Funds	2,272,369	2,646,000	2,648,900	2,900
Lapsing	(50,113)	0	0	0
Total	\$2,758,756	\$3,203,300	\$3,206,500	\$3,200
% Change		16.11%	0.10%	
FTE	45.7	52.8	52.8	0.0

Summary

The Bureau of Medicare/Medicaid Program Certification and Resident Assessment inspects Utah Medicare/Medicaid health care providers, and does pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care. The Bureau certifies over 350 health care providers, consisting of 21 different provider types. These include hospitals, nursing homes, institutions for the mentally retarded and the mentally ill, home health agencies, and many other provider types. In addition to survey inspections, follow-up inspections and complaint investigations are performed. The Bureau performs pre-admission/ continued stay reviews for over 4,700 Medicaid patients in Utah nursing homes and facilities for the mentally retarded/mentally ill.

The Bureau is responsible for managing two federal grants: Title 18 (Medicare) Certification Grant, and Title 19 (Medicaid) Certification. These grants are funded at different matching rates. Title 18 Certification is matched at 100 percent and Title 19 is matched at either 75 percent or 50 percent Federal Financial Participation (FFP). In addition, the Bureau participates in the regular Title 19 program. This program is matched at 90 percent, 75 percent, or 50 percent FFP.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

<u>Performance Measure</u>	<u>1990</u>	<u>1995</u>	<u>DOH Target</u> <u>2000</u>
Number of nursing homes and average			
number of deficiencies	93/8.7	62/4.92	7.5
Number of home health agencies and average			
number of deficiencies	53/2.7	73/2.23	1.5
Number of hospitals and average number of			
deficiencies	53/1.0	8/12.13	1.0
Percent of health care agencies who receive			
fewer than two substantiated complaints per			
year:			
Hospitals	94.0%	98.0%	
Home Health	98.0%	100.0%	

3.5 Health Systems Improvement - Primary Care and Rural Health Systems

Recommendation The Analyst recommends a budget of \$1,607,600 for FY 2000. The recommendation includes over \$761,000 of non-lapsing funding which the Analyst is showing as carrying forward into FY 2000. These non-lapsing funds are for scholarship and loan funds which are committed, but not yet expended. The Analyst's recommendation includes \$600,000 from Mineral Lease funds, continuing previous years' funding for Primary Health Care Service grants (\$500,0000) and \$100,000 for rural telemedicine.

3.5 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$579,000	\$619,900	\$622,000	\$2,100
Federal Funds	181,432	262,200	262,300	100
GF Rest. - Mineral Lease Account	551,371	600,000	600,000	0
Beginning Non-Lapsing	706,000	831,200	761,000	(70,200)
Closing Non-Lapsing	(831,209)	(761,000)	(637,700)	123,300
Lapsing	(17,942)	0	0	0
Total	\$1,168,652	\$1,552,300	\$1,607,600	\$55,300
% Change		32.83%	3.56%	
FTE	7.7	8.0	8.0	0.0

Summary The mission of the Bureau of Primary Care and Rural Health Systems is to improve access to quality, affordable health care for underserved populations within the State. The Bureau focuses on a systems perspective to promote primary health care and other essential health care services for underserved populations. It also serves as the State's Office of Rural Health, as well as the Department of Health's lead unit with respect to the Primary Care Office Cooperative Agreement, which involves a partnership with the Association for Utah Community Health, and the U.S. Public Health Service. The Bureau performs the functions of health professionals recruitment and retention, health policy development, data analysis, information/resource development center

(including technical assistance), coordination, public information, and internal bureau organization and management. The Bureau administers the Physicians and Physician Assistants Grant and Scholarship Program, the Special Populations Health Care Provider Financial Assistance and Retention Program, and the State Primary Care Grants Program for medically underserved populations.

**Physician and
Physician
Assistant Grants
and Scholarship
Program**

The Physicians and Physician Assistants Grant and Scholarship Program awards contracts to qualifying and selected individuals for repayment of educational loans and awards scholarships for medical, osteopathic, or physician assistant (PA) students that meet qualification and selection process criteria. Both components of the program are financial incentives to encourage physicians and PAs to work in rural, underserved areas of the State. Funding for this program is appropriated as a separate line item, in accordance with 26-9-211(1). A historical summary of the program is shown below:

	FY 1998	FY 1999	FY 2000	Difference
	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
<u>Financing</u>				
General Fund	\$310,000	\$310,000	\$310,000	\$0
Federal Funds	26,331	120,000	120,000	0
Beginning Non-Lapsing	573,063	592,400	618,100	25,700
Closing Non-Lapsing	(592,419)	(618,100)	(554,800)	63,300
Total	\$316,975	\$404,300	\$493,300	\$89,000
<u>Program</u>				
Physician Loan Repayment	\$229,625	\$248,300	\$323,300	\$75,000
Physician Scholarship	61,019	36,000	50,000	14,000
Federal State Loan Repayment	26,331	120,000	120,000	0
Total	\$316,975	\$404,300	\$493,300	\$89,000

Scholarships have been awarded to ten physician students and eight physician assistant students. Presently, the education of three medical students is being funded by the scholarship program, and represents 12 years of obligated service. Seven previous recipients have graduated and are completing their

internship/residency programs. Upon completion of their internship/ residency programs, they will have a total of 26 years of obligated service in rural Utah. Six of the original eight physician assistant students have graduated and begun their service obligation - a total of 26 years. (Of the other two, one repaid his obligation plus penalty and interest, and the other one is awaiting an Attorney General decision). Three of the four PA scholarship recipients who have completed their service obligations have remained in the rural community in which their service obligation began, or relocated to another rural Utah community.

Grants have assisted 31 physicians and three physician assistants, serving 15 rural communities. From these 34, a total of 102 years of obligated services is required. Of the 26 grant recipients who have completed their obligations, 21 are still in a rural community setting.

**Special Populations
Health Care
Provider Financial
Assistance and
Retention Program**

The 1996 Legislature passed House Bill 302, Special Population Service - Health Care Provider Financial Assistance, which is designed to promote and facilitate the recruitment and retention of primary health care providers to serve special populations in medically underserved urban areas of the State. The statute makes available scholarship and loan repayment awards to recipients who agree to practice as primary health care providers for not less than two years in a medically underserved urban area. Primary health care providers include physicians, physician assistants, dentists, and mental health therapists. The special populations covered by the program include individuals and families who face barriers to obtaining primary health care services. Applicants must meet the provider requirements for an approved site. Funding for this program is appropriated as a separate line item, in accordance with 26-9e-10 (1).

Sites located in Utah's urban areas that serve medically underserved special populations have been designated by the statutory committee. Ten of 11 sites that applied to the program have been approved for a match to be made with an approved primary health care provider.

Scholarships have currently not been awarded as the statutory committee has determined to use funding to place primary health care providers in needed medically underserved urban areas that serve Utah's special populations.

Grants have been approved for three primary health care providers who have a match with a site designated by the statutory committee as serving special populations in a medically underserved urban area. A total of six years of obligated service will be gained from these three providers. The approved primary health care providers will receive a total of \$75,000.

The FY 1997 appropriation of \$145,000 included \$45,000 ongoing funding for the administration of the program and \$100,000 of one-time funds for the assistance. The 1998 Legislature reduced the administrative funding to \$30,000, while adding \$50,000 ongoing funding for assistance. Last year, the Analyst noted that no funding from the appropriated funds had been awarded. In its report to the Health and Human Services Interim Committee, the division states, "No funds have currently been expended on loan repayment grants or scholarships as of this date." (August 1, 1998).

The Department responds to this concern with the following:

". . . it is important that the legislature understand that the committee was not officially appointed until November of 1997 and did not begin their monthly deliberations until December of that year." Despite the delay in its being organized, the committee has achieved the following over the past 11 months:

- Established rules that define the program, describe the contract parameters, specify general and discipline specific (dentistry, mental health, physician, and physician assistant) eligibility and selection criteria, define loan and grant criteria, define scholarship administration and the accompanying eligibility and selection criteria, define the recipients' obligations and other miscellaneous program management responsibilities.
- Established the application review and assessment process.
- Recruited 10 and approved 8 medically underserved sites as eligible for matches.
- Conducted a vacancy survey of Urban Health Centers identifying openings for Physicians (8), PAs (3), Dentists (5), and Mental Health workers (2), and projected needs for Physicians (8), PAs (2), Dentists (2), and Mental Health workers (1).
- Recruited 7 providers, approved 6 and matched 3.

The committee is currently developing outreach strategies to better inform applicants for the program and to pro-actively recruit in order to better utilize the National Health Service Corp resources.

The following table represents the funding sources for the Special Populations Health Care Provider Financial Assistance Program.

	FY 1998	FY 1999	FY 2000	Difference
<u>Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$45,000	\$80,000	\$80,000	\$0
Beginning Non-Lapsing	132,909	143,500	112,900	(30,600)
Closing Non-Lapsing	(143,486)	(112,900)	(72,900)	40,000
Total	\$34,423	\$110,600	\$120,000	\$9,400

Rural Telemedicine

The 1996 Legislature approved \$150,000 in one-time funds for rural telemedicine. The 1997 and 1998 Legislature funded the program at \$100,000 annually from Mineral Lease funds. This program is designed to establish a network between eight rural health care delivery sites throughout the state. These funds have been utilized to maintain and upgrade the hub site at the University of Utah and at the Milford site; to install a teleconferencing system in Moab; and to connect data sites in the following five sites: Beaver, Nephi, Gunnison, Cedar City, and Price. The Analyst recommends the continuation of the \$100,000 from Mineral Lease funds for FY 2000.

State Primary Care Program for Medically Underserved Populations

The 1996 and 1997 Legislatures approved \$350,000 from the Mineral Lease Account for a Primary Care Grant Program to serve medically underserved populations. Intent language designated these funds as non-lapsing. The scope of this project includes all populations in medically underserved areas, including the working poor, individuals with chronic diseases, children of low income families, the homeless, Native Americans, seasonal and migrant farm workers, and other disadvantaged groups. Eight organizations were awarded funding from the FY 1997 appropriation, and nine organizations were awarded portions of the funding in both FY 1998 and FY 1999. Approximately 2,900 individuals received services in 8,900 encounters in FY 1997. In FY 1998, there were 2,658 individuals served, with 6,916 encounters. By category of populations served,

homeless individuals accounted for 47 percent of the encounters, children accounted for 22 percent, and the working poor accounted for 18 percent.

Last year, the Legislature increased the funding to \$500,000. Projections for FY 1999 indicate 3,671 individuals with over 10,000 encounters. Additional intent language in the FY 1999 Appropriations Act is as follows:

It is the intent of the Legislature that the Primary Care Grant Program be funded with ongoing funds in FY 2000.

Based on the need and the success of the Primary Care Grant program during the past three years, the Analyst recommends that the funding continue. However, due to the extremely limited allotment of funding allocated for subcommittee use, the Analyst was unable to comply with the intent language requesting ongoing funding, but has included this as an unfunded budget increase.

Utah Tomorrow

The following Utah Tomorrow performance measures are directly affected by the activities of this bureau:

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Percent of rural Utahns living within a primary care Health Professional Shortage Area	48.0%	46.6%	48.0%
Percent of rural primary care practitioners leaving practices	4.0%	4.0%	4.0%
Percent of rural primary care sustainable positions filled	86.0%	84.0%	84.0%
Percent of rural Utahns within a 40 minute drive of a town with four or more primary care practitioners	76.0%	75.0%	76.0%
Annual number of physicians provided scholarships or loan repayment grants in exchange for their agreement to practice in designated shortage areas	7	6	5
Annual number of physician assistants provided scholarships or loan repayment grants in exchange for their agreement to practice in designated shortage areas	5	2	2
Number of community-based training sites for physicians, physician assistants, and			

advanced practice nurses

60

90

3.5 Budget Highlights: Primary Care and Rural Health Systems

Primary Care Grants - UNFUNDED -

Legislative intent language requested that the funding for the Primary Care Grants program be made with "ongoing funding for FY 2000". Because of the limited available revenues, the Analyst was unable to comply with this intent language, but includes it here as an unfunded increase.

Financing

	FY 2000
<u>Plan of Financing</u>	<u>LFA</u>
General Fund	\$500,000
GF Rest. - Mineral Lease Account	(500,000)
Total	<u><u>\$0</u></u>
FTE	0.00

4.0 Tables: Health Systems Improvements

	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Rev. Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$3,080,600	\$3,367,200	\$4,006,100	\$4,326,700	\$4,343,400	\$16,700
Federal Funds	2,473,781	2,561,649	2,844,217	3,135,700	3,089,600	(46,100)
Dedicated Credits	86,901	78,794	132,426	40,900	41,400	500
GF Rest. - Mineral Lease Account	0	350,000	551,371	600,000	600,000	0
Dedicated Credits - EMS	1,375,852	1,504,649	1,623,763	2,110,000	2,110,000	0
Revenue Transfer	343,733	184,233	841,219	895,300	883,800	(11,500)
Beginning Non-Lapsing	1,352,927	1,416,532	1,830,702	1,879,700	1,784,900	(94,800)
Closing Non-Lapsing	(1,416,534)	(1,830,730)	(1,879,683)	(1,784,900)	(1,619,000)	165,900
Lapsing	(960)	(14,398)	(10,872)	0	0	0
Total	\$7,296,300	\$7,617,929	\$9,939,243	\$11,203,400	\$11,234,100	\$30,700
<u>Programs</u>						
Director's Office	\$507,729	\$545,428	\$552,597	\$527,800	\$527,800	\$0
Emergency Medical Services	2,429,152	2,575,183	3,222,177	3,343,300	3,304,500	(38,800)
Health Facility Licensure	636,872	726,673	2,237,061	2,576,700	2,587,700	11,000
Program Certification and Resident .	2,522,748	2,528,078	2,758,756	3,203,300	3,206,500	3,200
Primary Care and Rural Health Syst	1,199,799	1,242,567	1,168,652	1,552,300	1,607,600	55,300
Total	\$7,296,300	\$7,617,929	\$9,939,243	\$11,203,400	\$11,234,100	\$30,700
<u>Expenditures</u>						
Personal Services	\$4,007,317	\$4,301,440	\$5,666,683	\$6,436,600	\$6,460,000	\$23,400
Travel	140,746	161,928	213,481	312,100	307,900	(4,200)
Current Expense	1,816,060	1,724,886	2,097,773	2,554,200	2,579,300	25,100
Data Processing	283,740	185,603	392,443	270,500	256,900	(13,600)
DP Capital Outlay	11,312	46,619	32,835	0	0	0
Capital Outlay	0	0	0	0	0	0
Pass-Through	1,037,125	1,197,453	1,536,028	1,630,000	1,630,000	0
Total	\$7,296,300	\$7,617,929	\$9,939,243	\$11,203,400	\$11,234,100	\$30,700
FTE	102.22	96.03	122.91	141.26	141.26	0.00

4.1 Federal Funds: Health Systems Improvement

<u>Program</u>	FY 2000 <u>LFA</u>
Director's Office	
Federal Indirect	\$80,000
Emergency Medical Services	
Preventative Health Block	73,400
Public Health Services Local Grant	25,000
Program Certification and Resident Assessment	
Title XVIII	1,069,100
Title XIX Medicaid	1,141,900
Medicaid Administration	437,900
Primary Care and Rural Health Systems	
Rural Health HCDA	92,300
NHSC Loan Repayment	120,000
Rural Health SORH	50,000
Total	<u><u>\$3,089,600</u></u>